

“DEAR FAMILY LETTER”

In the event I should require emergent medical attention, become disabled or die, I am providing this information to those who will be handling my affairs.

My Full Legal Name: _____

Mailing Address: _____

Street Address: _____

(If different from Mailing Address)

Phone: _____ Cell: _____

Email Addresses: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone: _____

Physician's Address: _____

Hospital Preference: _____

Medicare Number: _____ VA Health Care Number: _____

Health Insurance Co.: _____ Policy No.: _____

Major Health Conditions: _____

Allergies: _____

ADVANCE DIRECTIVES:

I ____ **have** ____ **have not** executed a **Durable Power of Attorney for Healthcare**.

I have named _____ (Ph: _____) to be my healthcare

decision-maker and selected _____ (Ph: _____)

as the alternate. The original document is located: _____

I ____ **have** ____ **have not** executed a **Directive to Physicians (Living Will)**.

The original document is located: _____

LEGAL INFORMATION:

I ____ **have** ____ **have not** executed a **General Durable Power of Attorney**.

I have named _____ (Ph: _____) to act on my behalf regarding my personal and financial affairs. The original document is located: _____

I ____ **have** ____ **have not** executed a **Last Will & Testament**.

The original Will is located: _____

The person named as Personal Representative is: _____

Attorney's Name: _____ Phone: _____

Address: _____

PERSONAL INFORMATION:

AKA/Other names used: _____

SS #: _____-_____-_____

Place of birth: _____ Date of birth: _____

Citizenship: _____ Military Service: _____

Military discharge papers location: _____

Legal Name of Spouse/Partner: _____ SS# _____

Former spouses & years of marriage: _____

Location of paperwork regarding marriage, divorce or death of former spouse: _____

CYBERSPACE:

Location of computer passwords: _____

FINANCIAL INFORMATION:

Checking/Savings Accounts:

Bank Name: _____ Branch: _____

Account #: _____

Names on Account: _____

Bank Name: _____ Branch: _____

Account #: _____

Names on Account: _____

Bank Name: _____ Branch: _____

Account #: _____

Names on Account: _____

Safe deposit box? ___ **Yes** ___ **No**. Located in Bank: _____

Individuals with named access: _____

Location of key: _____

Contents: _____

Retirement Accounts:

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Location: _____ Account #: _____

Type of Account (Roth, 401(k) etc): _____

Investment Accounts:

Brokerage Company: _____ Account #: _____

Brokerage Company: _____ Account #: _____

Brokerage Company: _____ Account #: _____

Name of Investment Advisor: _____ Phone #: _____

Location of Investment Records: _____

Pension Information: _____

Life Insurance Company: _____ Policy no.: _____

Location of Original Policy: _____

Other Insurance: _____

Accountant Name: _____ Phone: _____
Location of Tax Returns & Records: _____

Real Estate Owned/Other Info: _____

FINAL DISPOSITION:

I _____ **am** _____ **am not** a member of **People's Memorial Association (PMA)** (206-325-0489)

My PMA membership number is: _____

In the event of death, contact _____ Funeral Home, Phone: _____
to pick up my body and handle arrangements. *For current list of PMA contracted funeral homes
check www.peoplesmemorial.org PMA Time of Death Phone Line: 1-888-762-2762.*

If I should die outside of Washington state or northern Idaho, membership in PMA may be honored by other affiliates of the Funeral Consumer's Alliance around the USA. Not all affiliates have contracted funeral homes. For a list of affiliates by state check www.funerals.org.

I _____ **have** _____ **have not** completed a **Disposition Authorization** regarding my final arrangements. The original is located: _____

I _____ **have** _____ **have not** completed a **Putting My House in Order** form regarding my final arrangements and vital statistics. The original is located: _____

In general, my wishes are for _____ **cremation** _____ **burial**

I have designated a certain bank account or insurance policy to cover my funeral expenses: _____

I have pre-paid for funeral services with: _____ The original documents
regarding this prepayment are located: _____

I _____ **am** _____ **am not** an organ donor and would like appropriate arrangements made at my death.

Signed: _____ Date: _____

DISCUSS WITH NEXT OF KIN KEEP WITH IMPORTANT PAPERS